

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
161							51				
162		1					52				
163							53				
164							54				
165							55				
166							56				
167							57				
168		1					58				
169							59				
170							60				
171		1					61				
172	1						62				
173	1						63				
174							64				
175							65				
176							66				
177							67				
178							68				
179							69				
180							70				
181							71				
182							72				
183							73				
184							74				
185							75				
186							76				
187							77				
188							78				
189							79				
190							80				
191							81				
192							82				
193							83				
194							84				
195							85				
196							86				
197							87				
198							88				
199							89				
200							90				
TOTAL IND.							91				
TOTAL DEP.							92				
TOTAL CLAIMS							93				
							94				
							95				
							96				
							97				
							98				
							99				
							100				
							TOTAL IND.				
							TOTAL DEP.				
							TOTAL CLAIMS				

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CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51	/	
2		/				52	/	
3		/				53	/	
4						54	/	
5						55	/	
6		/				56	/	
7		/				57	/	
8	/					58	/	
9		/				59	/	
10	/					60	/	
11		/				61	/	
12		/				62	/	
13		/				63	/	
14		/				64	/	
15		/				65	/	
16		/				66	/	
17		/				67	/	
18		/				68	/	
19						69	/	
20						70	/	
21						71	/	
22						72	/	
23						73	/	
24						74	/	
25						75	/	
26						76	/	
27						77	/	
28						78	/	
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	280	0				TOTAL IND.		
TOTAL DEP.	76					TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		